

Worksite Wellness Program Employee Interest Survey

We are exploring the possibility of developing an employee wellness program and would like to learn about your interests in health promotion and health related activities. Please take a few minutes to complete this anonymous survey.

First Tell Us About Yourself!

I. Male ☐ Female ☐

II. Age Group: (Please check your age group.)

☐ Under 21 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 60+

III. Your department/Workunit: _____

Your Current Health Habits

Select one number for each question:

4= Very likely

3= Somewhat likely

2= Not very likely

1= Not at all likely

4 3 2 1

1. I buy healthy snacks when they are available
(for example: pretzels, cereals, yogurt, fresh fruit, raisins,
dried fruit, 1% or skim milk)
- 1a. I would buy healthy snacks at the worksite if they were
available.

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

2. If I had a 5-minute break, I would use it for a personal
activity- like stretching, yoga, or a walk- if there were a
place to do it.

☐ ☐ ☐ ☐

3. I would eat fruit if available at our staff meetings.

☐ ☐ ☐ ☐

4. I would use resource guides for healthy eating or
physical activity (for ex. How-to books, videos, and
recipes) if they were available.

☐ ☐ ☐ ☐

5. I am satisfied with my current state of health.

☐ ☐ ☐ ☐

6. I make time for 30 or more minutes of physical activity
most days of the week.

☐ ☐ ☐ ☐

7. I don't think about health when deciding what to eat.

☐ ☐ ☐ ☐

8. It's hard for me to get as much exercise as I should.

☐ ☐ ☐ ☐

9. How likely are you to obtain the recommended 8 hours
of sleep a night?

☐ ☐ ☐ ☐

10. I try to look for healthier foods, but usually eat whatever is available. ☐ ☐ ☐ ☐

11. I regularly smoke cigarettes. ☐ ☐ ☐ ☐

12. I eat breakfast every day. ☐ ☐ ☐ ☐

13. I have had my blood pressure checked within the last year. ☐ ☐ ☐ ☐

14. I think that good nutrition and regular physical activity can contribute to better productivity at work. ☐ ☐ ☐ ☐

15. Do you typically take regular breaks during the day?
☐ Yes, most "typical" days ☐ No, I usually don't take a break

If "yes", what breaks do you most often take? *(Check all that apply)*

- ☐ Morning "coffee" break
- ☐ Afternoon break
- ☐ Lunch

If "no", you don't take breaks, why not? *(Check all that apply)*

- ☐ Pressure to get work done
- ☐ Need to catch up on work
- ☐ I eat at my desk
- ☐ Just don't want to
- ☐ Other _____

16. If you could receive written information for five of the health topics listed below, which five would you select?

- | | |
|---|--|
| <input type="checkbox"/> Tips for reducing cholesterol | <input type="checkbox"/> Controlling blood pressure |
| <input type="checkbox"/> Weight management techniques | <input type="checkbox"/> Preventive dentistry |
| <input type="checkbox"/> Starting a walking program | <input type="checkbox"/> Vitamin facts |
| <input type="checkbox"/> 5 A Day recipes (fruits & vegetables) | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Starting a physical activity program | <input type="checkbox"/> Low salt tips |
| <input type="checkbox"/> Avoiding sports injuries | <input type="checkbox"/> Heart disease prevention |
| <input type="checkbox"/> Nutritious cooking tips | <input type="checkbox"/> Cancer detection/prevention |
| <input type="checkbox"/> Second-hand smoke | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Medical self-care | <input type="checkbox"/> Nutrition & Cancer prevention |
| <input type="checkbox"/> Questions for your doctor | <input type="checkbox"/> Smoking reduction tips/Quit-Line Info |
| <input type="checkbox"/> Sleep disorders | <input type="checkbox"/> Breast self-exam |
| <input type="checkbox"/> Recreational safety | <input type="checkbox"/> Men's health |
| <input type="checkbox"/> Tips for increasing physical activity | <input type="checkbox"/> Information on alcohol/drug abuse |
| <input type="checkbox"/> Prevention of sexually transmitted diseases/HIV-AIDS | <input type="checkbox"/> Parenting tips |
| <input type="checkbox"/> Stretching/Strength tips | <input type="checkbox"/> Adult immunization |
| <input type="checkbox"/> Small steps to changing nutrition/physical activity | <input type="checkbox"/> Coping with stress |

17. Would you personally participate in a health promotion program if we offered one?

☐Yes

☐No

18. Would you participate in any of the following wellness activities on a regular basis if they were offered at work?

☐ Aerobic exercise classes

☐ Smoking cessation program

☐ Weight management program

☐ Blood pressure screening

☐ Confidential health screening

☐ Pot-luck for nutritional foods

☐ Health fair

☐ Blood test for cholesterol

☐ Fitness or wellness challenge

☐ Workshop on self-esteem

☐ Walking event or club

☐ Workshop on stress management

☐ Monthly wellness seminar

☐ Healthy cooking classes

☐ Other_____

19. If you were to receive information about activities, health topics, news or tips about healthy choices, what would be your preferred way to get that information?

(select one)

☐ A dedicated bulletin board

☐ Weekly e-mail tips

☐ In a flyer distributed with paychecks

☐ On the intranet

☐ Discussion at staff meetings

☐ Other_____

20. Would you be more likely to participate in a wellness program if there were incentives?

☐ Most likely, Yes

☐ Probably Not

If "yes", what incentives would motivate you?_____

